

Model Practice: Massachusetts Tobacco Control Program

Tobacco remains the leading cause of preventable death in Massachusetts as well as the nation, causing over 9,500 deaths each year in Massachusetts alone. Smokers lose a combined 100,000 years of potential life annually. In addition to lost productivity, the cost of caring for people with smoking related illnesses surpasses \$2 billion a year.

To combat this public health problem, the Massachusetts Tobacco Control Program (MTCP) addresses three main goals:

- **preventing** young people from using tobacco products by educating them and reducing their access to tobacco products;
- **persuading and helping** smokers to quit smoking; and
- **protecting** non-smokers by reducing their exposure to environmental tobacco smoke (ETS).

Media campaign

MTCP activities began in October of 1993 with a media campaign designed to reach large audiences and provide information about the negative health effects of smoking. *Strategic and targeted marketing* targets select populations, such as those with high smoking prevalence, with customized messages. Both components of the media campaign tailor public relations and advertising initiatives to community-based strategies. The media campaign educates Massachusetts' residents about:

- the health consequences of smoking;
- resources to help smokers quit smoking;
- the danger of secondhand smoke;
- product content, i.e., the dangerous chemicals contained in the product;
- tobacco industry manipulation to increase habituation; and
- tobacco industry advertising practices that promote use, especially first use by youth.

MTCP now funds two types of local programs: (1) Policy Promotion and Enforcement; and (2) Targeted Community Smoking Interventions. These program categories are described below.

POLICY PROMOTION AND ENFORCEMENT. There are three types of local programs to raise public awareness about the health issues related to tobacco use:

- **Boards of Health/Health Departments** are funded primarily to enact and enforce local ordinances and regulations designed to make it harder for youth to buy tobacco products from retail establishments and vending machines, and to protect the public from environmental tobacco smoke. Boards and collaboratives (multiple Boards acting as a group) have been funded in 298 of the 351 cities and towns in Massachusetts.
- **Tobacco Free Community Mobilization Networks (CMN)** engage in grass roots community education and mobilization to raise public awareness about the health issues related to tobacco use, the strategies used by the tobacco industry to promote use, and the need to change social norms and public policy around tobacco use. Eighteen Community Mobilization Networks, each covering geographic areas with populations of 125,000 or greater, assist local tobacco control programs to plan and coordinate activities.
- **Youth Action Alliances** are structured youth skill-building programs that foster youth leadership in tobacco control. Structured experiences within the 44 programs include policy-related activities such as designing and conducting attitude and behavior surveys; community mapping of industry advertising practices; developing, passing, and enforcing a tobacco control regulation or law; and media advocacy.

TARGETED COMMUNITY SMOKING INTERVENTION PROGRAMS (TCSIP).

TCSIPs serve both youth and adults and target high-risk populations to engage them in the process of changing their attitudes and behaviors around tobacco use by three types of programs:

- **Tobacco Treatment Services (TTS).** Tobacco Treatment Services are located in hospitals, health centers, and other community-based agencies. The 52 funded programs offer assistance to smokers in the form of behavioral counseling, combined with pharmacological treatments. Tobacco services are provided by Tobacco Treatment Specialists, who are required to participate in an intensive certification process provided by the University of Massachusetts Medical Center.
- **Outreach and Referral Programs (O&R)** extended the reach of Tobacco Treatment Services by targeting hard-to-reach populations that may not take advantage of these treatment services without encouragement and support. The programs carry out individualized interventions and specific referral arrangements (e.g. appointments) that result in a completed visit to a Tobacco Treatment Specialist, and may include transportation and childcare.

- **Innovative Smoking Intervention Programs (ISI)** are aimed at populations that are unlikely to use center-based Tobacco Treatment Services, such as homebound or institutionalized populations, women with young children, and recent immigrants who do not speak English. ISI programs identify smokers and help them to quit smoking, working in settings that range from the smoker's home to a prison. The programs may also engage the target population and community leaders in changing social norms around tobacco use by supporting the enactment of local tobacco control regulations or laws.

MTCP statewide programs and services

The MTCP also funds the following statewide projects to deliver services to the general population:

- **The Smoker's Quitline** (1-800-TRY-TO-STOP) provides general information as well as free, confidential telephone information, support, and immediate counseling or referrals for callers at any phase in the quitting process. The program maintains a website, www.trytostop.org, that accepts input from smokers and produces a customized, personal quit plan.
- **The Tobacco Education Clearinghouse** (www.jsi.com/health/mtec/home.htm) assesses and acquires new tobacco education materials from sources across the country; develops materials to meet MTCP needs; and fills orders for tobacco education materials and ships within the state and nationally. The Clearinghouse also offers training and technical assistance on educational materials development to community-based programs.
- **Institutional Capacity Building Projects** educate their memberships or their constituencies to support tobacco control initiatives. For example, ten Regional Prevention Centers and the Tobacco Control Statewide Training Center provide technical support to local tobacco control programs, regional Steering Committees, and public schools. Three Capacity Building projects jointly form the Community Assistance Statewide Team (CAST), which provides technical assistance to local boards of health and health departments as they pass tobacco control regulations in their communities and work to change social norms around tobacco use.

The Independent Evaluation, conducted by Abt Associates, Inc., annually reviews MTCP's activities and results, this year assessing progress from the program's inception in 1993 through fiscal year 2000. Some of the key findings follow:

Massachusetts' adult smoking rate fell from 22.6 percent to 17.9 percent from 1993 to 2000, an estimated reduction of 228,000 adult smokers. This is well below the national average.

Massachusetts outpaced states without tobacco control programs in the 1990-1999 decline in smoking rates, even after accounting for differing demographic composition of the population.

Per-capita cigarette consumption dropped by 36 percent from 1992-2000 in Massachusetts, compared to 16 percent in other states (excluding California, which has a comparable tobacco control program).

Smoking by pregnant women plummeted from 1990 to 1999. The reduction from 25 percent to 11 percent was the greatest percentage decrease of any state over the period.

Youth smoking rates declined from 36 percent to 30 percent from 1995-1999 in Massachusetts, while remaining essentially unchanged in the country as a whole.

Smoking tobacco use was halved among high school boys in Massachusetts, going from 17 percent to 8 percent between 1993 and 1999.

Exposure to environmental tobacco smoke (ETS) decreased among Massachusetts workers, from 44 percent reporting exposure in 1993 to 29 percent in 2000. The proportion of workers in work sites with smoking bans grew from 53 percent to 75 percent.

ETS exposure at home dropped from 28 percent to 18 percent of Massachusetts residents from 1993 to 2000, while the number of households with visitor smoking bans grew from 43 percent to 66 percent.

ETS exposure in restaurants fell, as the proportion of residents reporting exposure when they eat out went from 64 percent to 39 percent from 1995 to 2000.

Protection by local ordinances and regulations restricting smoking tripled, from 24 percent coverage of the Massachusetts population in 1993 to 78 percent in 2000. Population coverage of **youth-access provisions quadrupled**, from 21 percent to 90 percent.

Retailer compliance with the prohibition on tobacco sales to youth increased sharply from 1994 to 2000. Compliance rates rose from 53 percent to 89 percent.

Public support for tobacco control keeps growing, with more than 50 percent of Massachusetts residents in 2000 favoring complete smoking bans in shopping malls, indoor sports events, public buildings, and restaurants.

State-level law and regulation stiffened, with new excise taxes, advertising restrictions, smoking restrictions, and consumer protection policies.

For additional information, visit: www.state.ma.us/dph/mtcp.